

New Directions Flexible Social Care Solutions Ltd

Hill End 1

Inspection report

33 Hill End Lane
St Albans
Hertfordshire
AL4 0TX

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06 July 2018
10 July 2018

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Hill End 1 provides accommodation, care and support for up to seven females with a learning disability and or a mental health diagnosis. At the time of our inspection there were four people living at the service.

At the last inspection on 05 November 2016, the service was rated Good.

At this inspection we found the service remained Good.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe being supported at the service. Staff were knowledgeable about how to protect people from harm. They had received effective safeguarding training.

There were sufficient numbers of staff deployed to meet people's needs when required. Safe recruitment processes were in place to help ensure that staff were suitable to work in this type of service.

Staff had received training and an ongoing support to help with their development. Staff were positive about the training and support they received.

People were involved in the development and review of their care and how it was provided. People had detailed care plans which clearly documented their individual needs, preferences and choices. Risks to people's health, safety and wellbeing had been assessed and there were effective risk management plans in place which mitigated risk. All care plans and risk assessments had been regularly reviewed to ensure that they were reflective of people's current needs.

People were supported to make decisions about their care and support. Decisions made on behalf of people were in line with the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Consent was gained from people before any support was provided.

People were supported to access a range of health care professionals to help maintain their health and wellbeing. Care plans detailed people's support needs in relation to their health. There were effective systems in place for the safe storage and management of medicine and regular audits were completed. People received their medicines as prescribed.

People had positive relationships with staff who supported them. Staff were supportive and respectful. People's privacy and dignity was maintained and respected. Staff knew people's needs and preferences and provided personalised support. People were supported to participate in meaningful activities and hobbies

that were of interest to them.

People and staff found the registered manager supportive and approachable and were very positive about how they managed the service. People felt listened to and said that staff were responsive to any concerns they raised. Quality monitoring systems and processes were used effectively to make improvements when required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Hill End 1

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out this inspection on the 6 and 10 July 2018. The inspection was unannounced and was undertaken by one inspector.

Before the inspection, reviewed all the information relating to we have in relation to this service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we have relating to the service. We received feedback from commissioners, and reviewed notifications. A notification is information about important events which the provider is required to send us by law. We found that no recent concerns had been raised.

During the inspection we spoke with one person who lived at the service, we received feedback from one relative, two care practitioners, the recruitment administrator and the registered manager.

We observed interactions between staff and the people living at the service. We reviewed care records and risk management plans for two people who lived at the service, and checked other records relating to people's support plans which included medicines administration records to ensure these were accurate and completed correctly. We looked at two staff recruitment files and the training records for all the staff employed at the service to ensure that staff training was up to date. We also reviewed additional information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

People were safeguarded from the risk of harm. Staff spoken to told us that they had received training on safeguarding adults and knew the procedure they needed to follow if they had any concerns about people's safety. One person told us "I feel very safe living here, if I didn't I would speak to a member of staff and they would sort things out." Staff were aware of the internal reporting procedure and were confident any concerns would be taken seriously. They were also aware of how to elevate concerns to the relevant safeguarding authorities if necessary.

Training records for staff confirmed that they had undergone training in safeguarding people from the possible risk of harm. There was a current safeguarding policy and information about safeguarding including the details of the local safeguarding team was displayed on the notice board. Staff told us they regularly discussed safeguarding at meetings so that everyone was reminded about what constituted abuse.

Risks associated with people's care and support had been assessed when they first moved to the service and were reviewed on a regular basis. Measures were put in place to mitigate any identified risks. This included specific support in relation to medical conditions. For some people, these assessments also identified support with regards to behaviour that may present a risk of harm to themselves and others and the steps that staff should take to keep people safe. For example, when accessing the community, people were given advice on how to keep themselves safe.

Safe recruitment practices were followed. The provider had robust recruitment and selection procedures in place and relevant pre-employment checks had been completed for all staff. These checks included Disclosure and Barring Service checks (DBS), two written references, proof of address and photographic evidence of their identity.

There were adequate staff deployed at all times to keep people safe and meet their needs. The rota was planned to ensure that there were sufficient staff with appropriate skills and experience on each shift. We observed that staff were available to meet the needs of people when required. People told us they had 'allocated one to one time with their key workers. Staff told us there was always enough staff and people confirmed that they were supported in a timely way.

People received their medicines safely. Staff who were authorised to administer medicines had received training in this area and had their competency assessed. There were effective processes in place for the management, storage and administration of medicines.

Medicine administration records (MAR) were completed accurately and audits were in place to ensure that all medicines were administered correctly.

People were protected from the risk of spread of infection because the registered manager had effective systems in place to maintain a hygienic environment.

Is the service effective?

Our findings

Staff were knowledgeable and had the skills required to care for people who lived at the service. Staff completed an induction when they started working at the service and there was an ongoing training programme in place, so that staff continued to receive regular updates. The staff we spoke with were confident that the training provided gave them the skills they required to provide effective support to people at the service. Specialist training was available which provided staff with opportunities to continue their personal development.

Staff felt well supported by the registered manager. Records showed that staff received regular one to one supervisions with their line manager and this provided them with an opportunity to discuss any training needs. There were regular team meetings to discuss topics relating to all aspects of the service.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the MCA and the associated DoLs and we saw evidence that these were followed in the delivery of care. Staff asked people for their consent before supporting them. Consents were recorded in people's care plans.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were supported with food preparation where required, however one person told us "I can do most of the cooking myself.". People were able to eat and drink whenever they choose.

People were supported to access a range of healthcare professionals when required. This included attendance at medical appointments for example the community mental health team (CMHT). One person told us "If I need to see my GP, staff help me to arrange an appointment." We saw that people's health and medical appointments were documents in their care plans.

Is the service caring?

Our findings

People told us they were happy with the staff that provided their care. One person we spoke with told us "I am really happy living here the staff are all really nice and kind and caring". We observed staff to have positive interactions with the people they supported. Staff spoke kindly and respectfully when talking to us about people they supported.

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. People's privacy was maintained, for example during the inspection staff were mindful of our presence while they supported and or communicated with people.

People told us that they received their care and support from a consistent team of staff which enabled them to build up positive relationships. A person who used the service told us, "I have a key worker and it is usually the same staff who support me." This meant that people were able to build trust and get to know each other well. Staff told us that working with the same people helped them to build up relationships and get to know people as individuals.

People, and their relatives where appropriate, had been fully involved in the planning and reviews of the care and support provided. One person told us, "I have been fully involved in my care planning and we always discuss it at keyworker meeting." We saw that care plans were very detailed and person centred and contained a fully life history along with important information about people's health conditions.

People were able to access advocates if required. Advocates are independent people who give advice on a range of matters.

People's care records were stored in a lockable office at the service in order to maintain and promote their dignity and confidentiality.

Is the service responsive?

Our findings

People received care and support that was personalised to their individual needs. People's care plans were detailed and included information about people's preferences and how they liked to be supported. Clear guidance was provided for people's routines throughout the day and the support they required from staff. For example, people were able to attend various group sessions that were of interest to them. In addition, there were regular coproduction groups to discuss a range of topics relevant to the service. Coproduction meetings are held between people who use the service and staff and provide a forum for two way communications.

The service operated flexibly which ensured that if people's needs changed their needs would still be met. For example, when a person's mental health deteriorated and they required additional support, this was provided. Staff told us "We are committed to supporting people at all times and the staffing levels can be adjusted according to the needs of the people."

Staff that we spoke with demonstrated a good knowledge of what was important to people who used the service and this enabled them to provide care in a way that was appropriate to the person. Each care plan had been regularly reviewed and updated.

People were supported to participate in a range of activities. Records showed that activities were consistently planned and completed. Staff supported people to be involved in their local community and people regularly made trips to local shops and other amenities.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People who used the service told us that they would be confident to raise any concerns with the registered manager. For example, one person told us "In the past I had one or two issues, I spoke to the registered manager and they sorted it out for me." People were encouraged and supported to raise concerns and this was viewed positively by the registered manager as a way of improving the service.

Is the service well-led?

Our findings

Staff spoke positively about their work and told us they received good support from the registered manager. Staff told us there was an open and inclusive culture at the service and they felt able to approach the registered manager. None of the staff we spoke with had any concerns about how the service was being run and told us they felt valued. Staff were committed to the people who lived at the service.

Staff were encouraged to attend team meetings at which they could discuss ways in which the service could be improved and raise any concerns directly with management. Meetings were held regularly, which provided an opportunity for information sharing and opportunities to discuss any changes at the service. Members of staff we spoke with confirmed that they were able to put items forward for discussion.

There was effective quality assurance system in place. We found that there were a range of audits and systems in place by the provider to monitor the quality of the service provided. These included reviews of care plans, medicines, the environment, infection control and health and safety. Any issues found in the audits were recorded in the action plan and there was detailed information as to how they would be addressed and a timescale for completion.

People's views and feedback was sought through a range of forums such as the coproduction group meetings. People told us the service had improved since the registered manager had been in post. The registered manager had clear objectives and plans for the continued development and improvement of the service. This was viewed positively by people who used the service.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service and staff in a positive and professional manner.